



## Front-line nursing home staff perspectives on staffing challenges during the COVID-19 pandemic

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*This issue brief presents findings from a survey conducted by Brown University’s Center for Long-Term Care Quality & Innovation (Q&I).*

Even before the COVID-19 pandemic, many nursing homes experienced staffing shortages<sup>1</sup> and high levels of burnout among staff.<sup>2</sup> The workforce challenges are now exacerbated due to the pandemic. We surveyed frontline staff working in nursing homes and other long-term care settings during the pandemic to document their voices and identify areas for interventions.

### Methods

We distributed an electronic survey via social media and professional networks from mid-May through early June 2020. The survey included close- and open-ended questions.

### Respondents

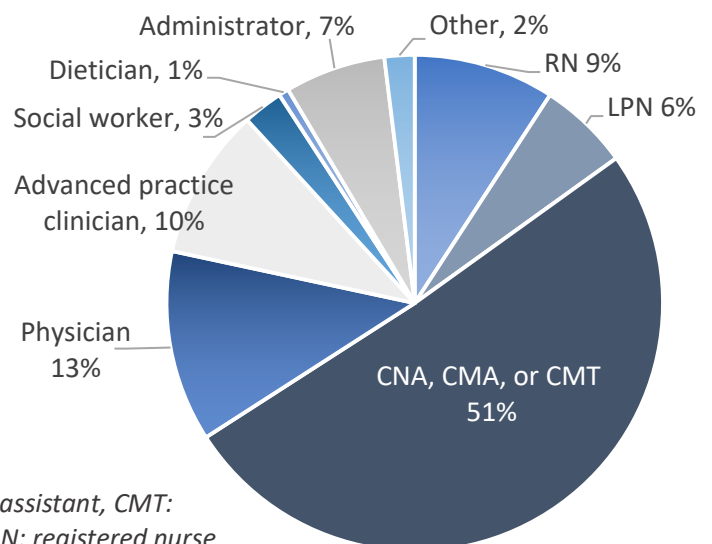
152 nursing home staff from 32 states:

- 51% were CNAs, CMAs, or CMTs (see figure)
- 87% provide direct resident care
- 39% work in supervisory roles
- 74% work in nursing homes that have had resident or staff cases of COVID-19
- 47% cared for one or more residents with COVID-19 in the last month

*Notes: CNA: certified nursing assistant, CMA: certified medical assistant, CMT: certified medication technician, LPN: licensed practical nurse, RN: registered nurse*

### Key Findings:

- More than half of respondents reported their facilities had an increase in staff call-outs.
- 47% reported that employers were requesting voluntary over-time to cover staffing needs.
- 36% reported that staff were prohibited from working in multiple facilities.
- Only 30% of respondents reported that staff were receiving increased compensation; 9% said that sick leave policies had improved.
- Many respondents reported staff experiencing burnout and low morale. Teamwork and communication were frequently cited as important for helping staff manage.



Survey Responses

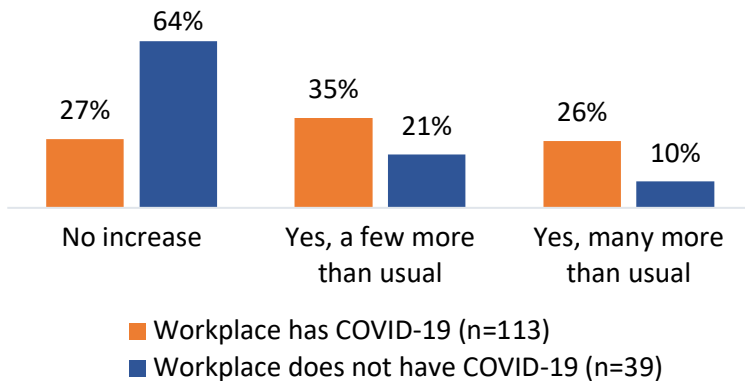
Staff Perspectives

**Staff Absences**

Overall, more than half (53%) of respondents reported that their facilities were having more call-outs than usual.

Among respondents in nursing homes with COVID-19 cases, 61% reported increased call-outs, with 35% reporting a few more than usual and 26% reporting many more than usual (**Figure 1**). Among respondents in nursing homes without COVID-19 cases, roughly one-third (31%) reported increased call-outs.

**Figure 1.** Percent (%) of respondents reporting an increase in staff call-outs (N=152)



In facilities with increased call-outs, direct care staff reported larger resident-to-staff ratios than usual. CNAs reported being responsible for a median of six additional residents per shift (range 0-50) due to staff shortages, while RNs and LPNs were responsible for a median of four additional residents per shift (range 0-10).

**Work Schedule Changes**

Respondents noted a number of modifications to their usual work schedules during the pandemic (**Figure 2**, p. 3). About one-third (36%) reported that their employers had policies in place to prohibit staff from working in more than one facility, a strategy to reduce cross-contamination. Physicians, advanced practice clinicians, and CNAs most frequently reported that they were working in multiple facilities.

“Too many [patients] with COVID, **not enough time to call families** and discuss goals of care...”

“Also, burnout.”

“I have been taking care of only COVID patients for eight weeks....**losing this many residents and keeping going is tough.**”

*Physician*

“**Staff are getting run down.** No incentives being offered.”

*Certified nursing assistant*

“My biggest concern due to lack of staffing: **sometimes the nurses and CNAs that work on the isolation unit will float the next day.**”

*Licensed practical nurse*

*What is the biggest challenge?*

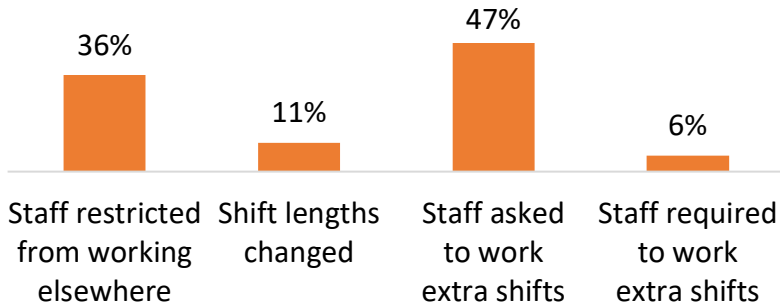
“Having a burnout of aides due to the fact of **working 12 hours for as many as 10 days in a row unable to leave.**”

*Certified nursing assistant*

Survey Responses

Staff Perspectives

**Figure 2.** Percent (%) of respondents reporting changes in work schedule (N=152)

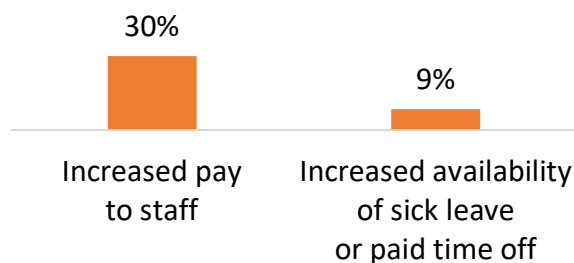


Nearly half of respondents (47%) reported that staff in their facilities were asked to work extra shifts, while 6% reported that staff were required to work extra shifts. 11% reported that the length of their shifts had changed.

**Compensation, Sick Leave & Other Benefits**

Fewer than one-third of respondents (30%) reported that staff in their workplace were being offered increased compensation in the form of hazard pay or bonuses (**Figure 3**). Only 9% reported that employers had increased the availability of sick leave or paid time off.

**Figure 3.** Percent (%) of respondents reporting increased pay or sick leave for staff (N=152)



Seven percent of respondents reported that their employers offered employees childcare and 5% said their employers provided temporary housing. Less commonly reported initiatives included laundry services and free meals.

“Not nearly enough financial assistance for actual workers or the facilities that had to... hire more staff... **having to raise the wages of those working to keep them coming to work.**”

*Administrator*

*What is the biggest challenge?*

“**No health insurance** if I get sick!”

*Certified Nursing Assistant*

“We now have enough tests but **cannot test all staff because we would go from critical staff shortage to untenable staff shortage...**”

“Morale is in the basement.”

*Physician*

*What is going well?*

“Teamwork. **Sharing common goals of caring for these patients.**”

*Advanced practice clinician*

## Survey Responses

## Staff Perspectives

**Staff Burnout & Organizational Support**

Many respondents commented about high levels of burnout and low morale among staff in open-ended responses. Heavy workloads and staffing shortages were cited as contributing to these feelings, however multiple respondents also mentioned how teamwork and communication between front-line staff and managers helped them to manage. Conversely, several respondents who expressed dissatisfaction noted that communication in their facilities had been poor and that they felt that their managers did not understand or support the work they were doing.

**Summary**

Staff shortages are a chronic concern in nursing homes and have only been exacerbated during the pandemic. COVID-19 has made working conditions even more challenging for staff who face heavy workloads, infection risk, and the emotional burden of caring for residents dealing with significant illness and loneliness.

Experts have recommended hazard pay, paid sick leave, and comprehensive health insurance as important interventions to support the nursing home workforce and protect residents.<sup>3</sup> Within facilities, clear communication, senior management support of front-line staff, and strong teamwork can help staff to work under increasingly challenging circumstances.

COVID-19 will remain an immense challenge for nursing home staff and leaders for the foreseeable future. Federal and state resources must be mobilized to support this vulnerable workforce and the residents they care for.

<sup>1</sup> Stone R, Harahan M. (2010) Improving the long-term care workforce serving older adults. *Health Affairs*, 29(1)

<sup>2</sup> White EM, Aiken LH, McHugh MD. (2019) Registered nurse burnout, job dissatisfaction, and missed care in nursing homes. *JAGS*, 67(10):2065-71.

<sup>3</sup> Grabowski D, Konetzka T, & Mor V. (2020, June 25). We can't protect nursing homes from covid-19 without protecting everyone. *Washington Post*. <https://www.washingtonpost.com/opinions/2020/06/25/we-cant-protect-nursing-homes-covid-19-without-protecting-everyone/>

"I feel **we are doing everything possible** to keep our residents [and our staff] safe."

*Registered Nurse*

*What could be going better?*

"More PPE and **communication!**"

*Certified Nursing Assistant*

"Our staff are filling multiple roles while we fight this virus, they are caregivers, entertainers, spiritual companions, family members.... **they really have been heroes.**"

*Administrator*

"**We work as much as possible as a TEAM** to provide the best quality of care than we can for the residents!"

*Certified Nursing Assistant*

*About the Brown Center for Long-Term Care Quality & Innovation (Q&I): At Q&I, we partner with healthcare providers to identify and test interventions using pragmatic methods. Understanding the real-world context under which providers operate is central to our approach. More: [@BrownLTCQI](http://brown.edu/go/innovation)*